



ARIZONA DEPARTMENT OF HEALTH SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
BUREAU OF EMERGENCY MEDICAL SERVICES



REFRESHER CHALLENGE EXAMINATION ROSTER

Program Name: _____ Certificate Number: _____

☐ Arizona EMT-B Refresher Challenge, defined in R9-25-306

☐ Arizona ALS Refresher Challenge, defined in R9-25-309

Examination Date: _____

Program Director: _____ Lead Instructor: _____

Medical Director: _____

Name	Home Address	Social Security Number	Cert. No. Exp. Date
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

Refresher Challenge Examination Roster Continued

Name	Home Address	Social Security Number	Cert. No. Exp. Date
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			

I attest that the students listed on this refresher challenge examination roster have met all course requirements in A.R.S. Title 36, Chapter 21.1 and Title 9, A.A.C. Chapter 25 and that all information submitted is true and accurate.

Signature or electronic signature of the Training Program Director: _____

Date of signature or electronic signature: _____